

VIRGINIA BEHAVIORAL HEALTH SERVICES COLLABORATIVE FOR MILITARY AND VETERAN FAMILIES

Virginia's military and veteran communities are an important part of the fabric of our Commonwealth, with approximately **784,711 veterans representing 1 in every 10 citizens**. Military service comes with inherent sacrifices for service members, veterans, and their families; with long, recurring family separations, frequent moves, deployments, and transition challenges that may increase behavioral health risk. To reach every service member, veteran and family member who needs help, the Commonwealth is promoting outreach to this priority population, and further collaboration with behavioral health service networks.

VETERANS IN VIRGINIA



784,711

VETERANS IN VIRGINIA

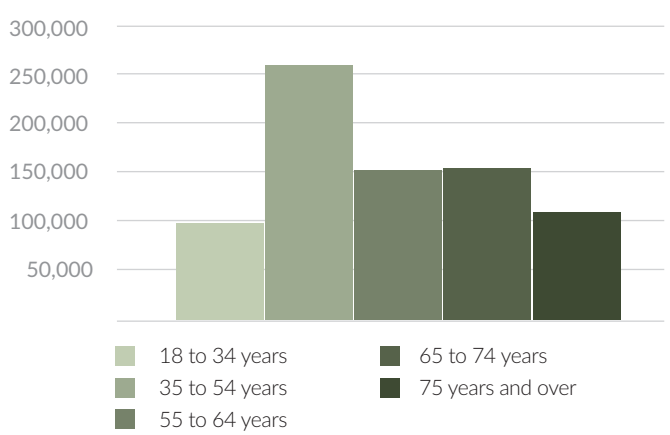
16%

FEMALE

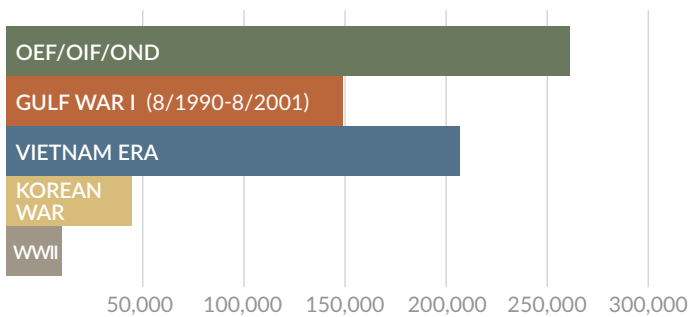
Virginia Female veteran population to grow 11% in next five years.

Department of Veterans Affairs (VetPop2014 - projected for 2016)

AGE OF ALL VETERANS:



PERIOD OF SERVICE:



515

Total Homeless Veterans - 2016 one night average

U.S. Dept. of Housing and Urban Development, 2016 Point in Time Count

20%



Total % of All Veteran Disabled

Census Bureau 5 year ACS Summary 2011-2015

WHERE ARE MILITARY VETERANS ACCESSING BEHAVIORAL HEALTH SERVICES IN VIRGINIA

Virginia has **784,711** veterans and is currently **7th** in the nation for veteran population; projected to be **4th** by 2022.

BEHAVIORAL HEALTH SERVICE LOCATIONS FOR VETERANS

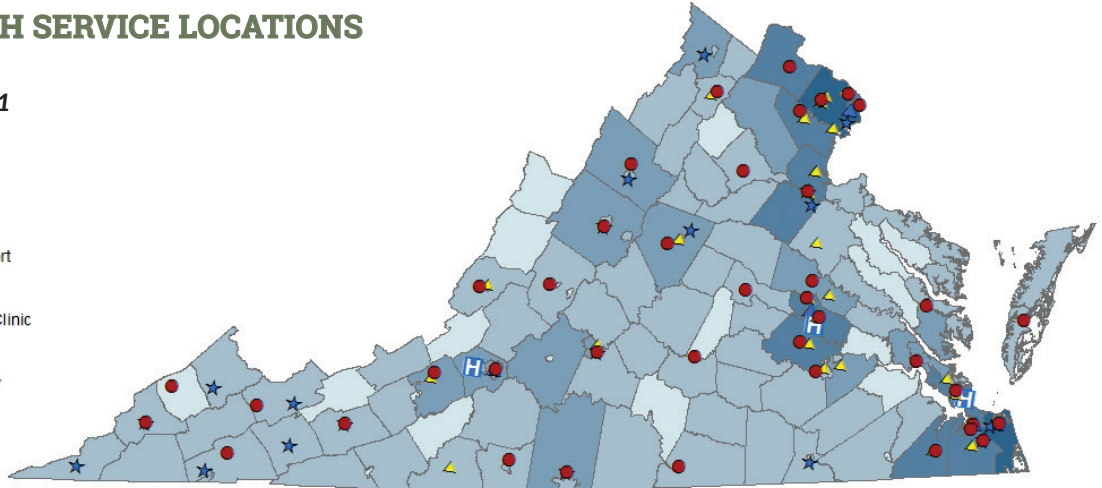
Total Veteran Population: **784,711**

Legend

- Community Service Boards
- ▲ Virginia Veteran and Family Support
- H VA Medical Centers *
- ★ VA Community Based Outpatient Clinic
- ▲ VA Vet Center

Number of Veterans by County

- <1,000
- 1,000 - 4,999
- 5,000 - 9,999
- 10,000 - 49,999
- 50,000+



*Note: This map does not include the Veterans Affairs Medical Center (VAMC) locations in DC, Martinsburg, Beckley, Durham, and Mountain Home that some veterans in Virginia access care.

VetPop2014 is an actuarial projection model developed by the Department of Veteran Affairs (VA), Office of the Actuary (OACT) for Veteran population projection from Fiscal Year FY2014 to FY2043

8.76 million veterans are served annually in **1,700 Veterans Affairs (VA) sites** across the U.S.

In Fiscal Year (FY) 2015, more than 1.6 million veterans received specialized behavioral health treatment from VA; this number has risen each year from over 900,000 in FY 2006. This increase may be attributable to proactive screening to identify Veterans who may have symptoms of depression, Posttraumatic Stress Disorder (PTSD), alcohol abuse or Military Sexual Trauma (MST) (source: VA Mental Health Fact Sheet, 2016).

From 2005 to 2015, the number of women veterans enrolled in VA health care **increased 83.9 percent**, from 397,024 to 729,989. (source: VA Report: The Past, Present and Future of Women Veterans, February 2017).

Not all veterans are eligible for care through VA, and some veterans choose not to seek care because of the location of the medical centers and clinics, stigma, or having private insurance. Community-based service providers may be the first choice for some military members, veterans, and their families.

MILITARY MEMBERS AND VETERANS SERVED BY COMMUNITY SERVICES BOARDS

Total: **4,695**

Legend

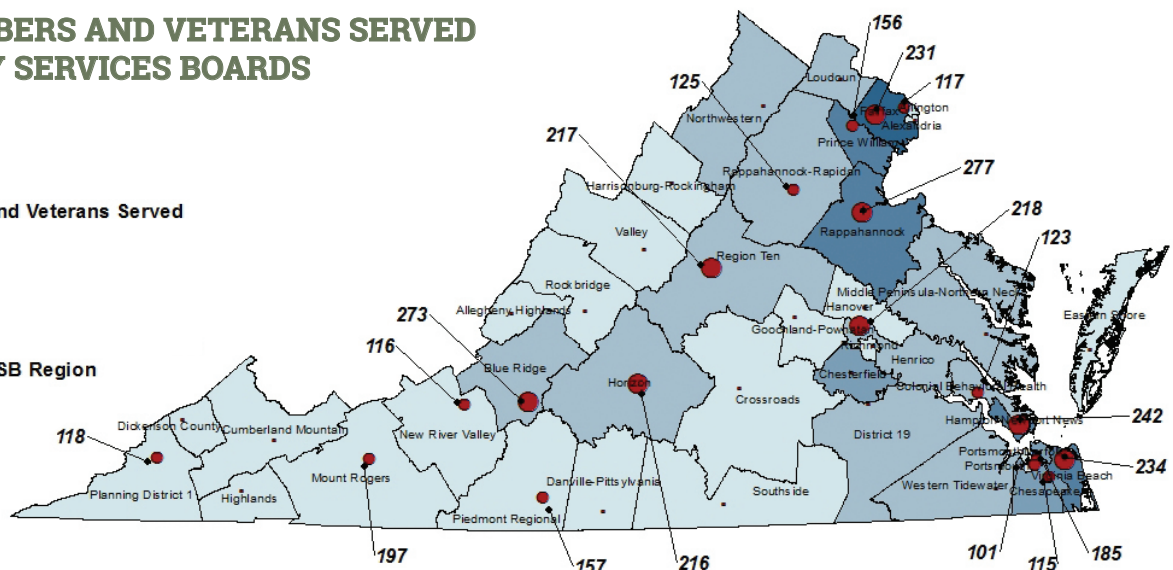
FY16 Military Members and Veterans Served

- >100
- 100 - 200
- 201 - 277

CSB Service Regions

Number of Veterans by CSB Region

- 841 - 16,053
- 16,054 - 31,265
- 31,266 - 46,478
- 46,479 - 61,690
- 61,691 - 76,902



VetPop2014 is an actuarial projection model developed by the Department of Veteran Affairs (VA), Office of the Actuary (OACT) for Veteran population projection from Fiscal Year FY2014 to FY2043

UNIQUE BEHAVIORAL HEALTH SERVICE NEEDS OF NATIONAL GUARD AND RESERVISTS

National Guard (NG) and Armed Forces Reserve (AR) service members cope with unique challenges in comparison to their active duty counterparts. Many NG and AR soldiers who are not on active federal service live in remote locations around the state, and their families do not always have access to, or qualify for, military-provided medical and behavioral healthcare services. After military missions and deployments, NG and AR service members reintegrate into their civilian lives and may face challenges without military supportive services.

Because of the lack of access to military-provided services and the financial strain that might result, it is crucial that community behavioral healthcare providers prioritize outreach and services to NG and AR military families to assist in ensuring that a behavioral health service network is available.

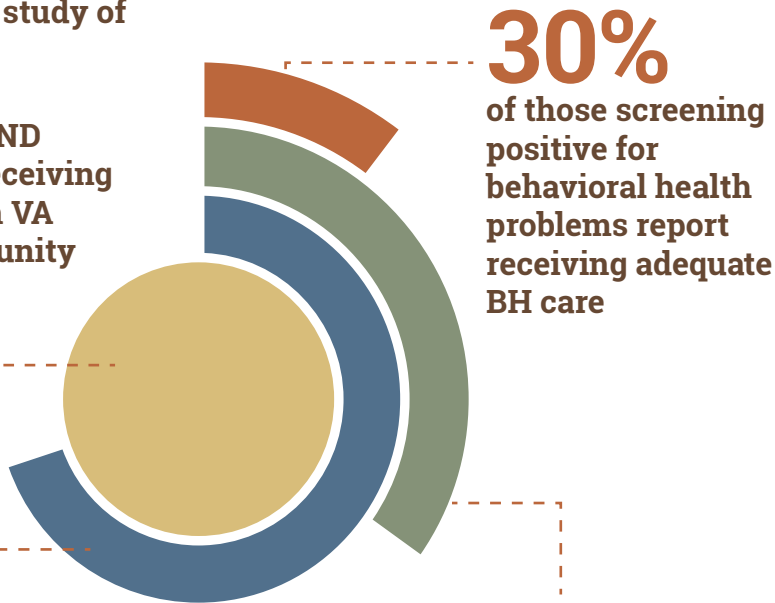
Military service members and veterans can be at higher risk for behavioral health concerns such as Post Traumatic Stress Disorder, traumatic brain injury, Military Sexual Trauma, anxiety, depression, and substance use disorders. The Virginia National Guard 2016 Unit Risk Survey data presented below compares high-risk behaviors in 7,000 Virginia NG members to NG members across all states. Though state averages are lower, in 2016, survey responses continue to demonstrate significant risk for alcohol overuse and suicide. Although behavioral health risk is improving, rates reflect continued challenges.

Risk Category	2016		2015		2014		Hazards / Individual Risk Level
	Virginia Average	All States Average	Virginia Average	All States Average	Virginia Average	All States Average	
Alcohol Use Disorders	7%	10%	10%	11%	11%	14%	Problem Drinkers - Respondents in the unit were identified as problem drinkers by the Alcohol Use Disorders Identification Test (AUDIT) using questions 1-10.
Financial Problems	17%	20%	22%	22%	24%	25%	Have been in financial trouble.
Suicide	4%	5%	5%	5%	5%	6%	Have had suicidal thoughts
	27%	34%	36%	34%	36%	32%	Of those having suicidal thoughts made a plan
	1%	1%	1%	1%	1%	1%	Have attempted suicide
	20%	23%	24%	23%	25%	24%	Do not have enough time to relax due to job demands.

WHAT WE KNOW ABOUT BEHAVIORAL HEALTH SERVICE UTILIZATION AMONG VETERANS

The most common behavioral health problems for OEF/OIF/OND veterans are PTSD, depressive disorders, generalized anxiety disorder, alcohol use disorders, and drug use disorders.¹

Based on a study of
800
OEF/OIF/OND
veterans receiving
care within VA
and Community
Systems²



70% screened
as having a behavioral
health (BH) problem

~50%
of those who need BH
treatment received it

What we know

"OEF/OIF/OND veterans are struggling with behavioral health concerns but are not receiving adequate care to address these concerns."²

¹ Department of Veterans Affairs. Analysis of VA health care utilization among Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn veterans.
<http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf>;

² Pedersen, E. R., Marshall, G. N., & Kurz, J. (2016). Behavioral health treatment receipt among a community sample of young adult veterans. *The Journal of Behavioral Health Services & Research*, 1-15.

The Military Times Report - September 11, 2015

"Negative perceptions of mental health conditions and treatment continue to keep troops and veterans from seeking care, but the issue is larger than just the stigma of a diagnosis; it is complicated by concerns over keeping their careers and not wanting to be medicated."

<http://militarytimes.com/story/military/benefits/health-care/2015/09/10/panel-stigma-obstacle-mental-health-care/72013618/>



WHAT CAN YOU DO?



Service members, veterans, and their families report that navigating resources for behavioral healthcare is a serious challenge. **Our aim is to reach all veterans and their families in need, wherever they are in the Commonwealth, by achieving the following wide-reaching goals:**

1 Provide training resources on military cultural competence and behavioral health needs of Service Members, Veterans and Families (SMVF) to Community Services Board staff.

MILITARY CULTURAL COMPETENCE (MCC): In order to communicate and effectively interact with SMVF, it is essential that civilian service providers have an understanding of military culture, including organizational structure, rank, branches of service, core values and demographics.

MCC TRAINING RECOMMENDATION

The Virginia Department of Behavioral Health and Developmental Services and Virginia Department of Veterans Services recommends that all Community Services Board (CSB) staff receive introductory MCC training to increase the number of service members, veterans, and families identified at intake and to enhance service delivery and resource connections for this priority population. It is recommended that CSB staff receive one introductory MCC training at hire as part of new staff training and annual updates thereafter. It is also highly recommended that direct service staff receive more in-depth trainings in MCC, assessing behavioral health concerns among SMVF, and recommended treatments.

2 Support Virginia's multi-agency Ask The Question Outreach Campaign. Goal of the campaign is to increase awareness of behavioral health and supportive resources for SMVF by coordinating systems, stakeholders, advocates and partners.

WARRIOR ETHOS

**I WILL ALWAYS PLACE THE MISSION FIRST
I WILL NEVER ACCEPT DEFEAT
I WILL NEVER QUIT
I WILL NEVER LEAVE A FALLEN COMRADE**



ASK, LINK, AND COLLABORATE!

VIRGINIA'S ASK THE QUESTION CAMPAIGN

Goal: To improve service delivery and intake data accuracy for identified Service Members, Veterans, and Families (SMVF) in Community Services Boards (CSBs)

Steps:



ASK *"Have you or a family member ever served in the military?"*

- Question should be posed at multiple entry points for CSB services (i.e. call center, initial assessment, emergency services, medical assessments, and other entry points)



LINK – *SMVF with a provider in your agency that has been trained in military cultural competency for needed services*

- Direct Services Provider should assess for a connection between military service and service/support needs



COLLABORATE – *with military/veteran-specific resources to meet all service needs of SMVF*

- Dept. of Veterans Services Virginia Veteran and Family Support program; disability, education, and employment benefits; VA services; military installation programs etc.



For more information please visit websites for
DBHDS <http://www.dbhds.virginia.gov/individuals-and-families/mental-health-services/behavioral-healthcare-for-veterans> or
DVS Virginia Veteran and Family Support (1-877-285-1299): <https://www.dvs.virginia.gov/virginia-veteran-and-family-support/>

CASE STUDIES: ACCESS TO COLLABORATIVE TREATMENT AND SUPPORTIVE SERVICES



Chris, an Army veteran who served in Iraq and Afghanistan, connected with the Department of Veterans Services' Virginia Veteran and Family Support (VVFS) program for employment and financial assistance. Chris stated getting care at the local Veteran Affairs Medical Center was difficult due to travel barriers. During the initial comprehensive assessment, Chris disclosed that he was facing marital issues and imminent job loss. He also reported thoughts of suicide. VVFS acted quickly to initiate support from the local Community Services Board (CSB). In a collaborative effort between the CSB and VVFS, Chris's family was able to access family counseling within the CSB and VVFS connected him with employment resources. VVFS monitored service delivery and supported the family in the weeks that followed. Chris found steady employment and his relationship improved through CSB counseling. With support, the family was able to transition from crisis to stability in the community.

Andrea, a Virginia Army National Guard service member, connected with Virginia Veteran and Family Support (VVFS) for assistance with transition challenges. Andrea spoke of issues within the family upon her return from a lengthy training separation. In recent years, Andrea and her partner had experienced multiple separations due to military deployments. VVFS provided a comprehensive assessment to the family and a referral to the VVFS Mission: Healthy Relationships workshop. The couple attended the workshop, which focuses on communication and resilience skills building. During the workshop, the couple requested additional counseling, and VVFS linked them to the CSB for services. The entire family unit was also linked to a VVFS Mission: Healthy Family workshop. Through the workshops and ongoing counseling, the family was able to continue working on their transition challenges in a healthy and progressive manner.



BEHAVIORAL HEALTH SERVICES NETWORK IN VIRGINIA

BEHAVIORAL HEALTH RESOURCE	SERVICES DESCRIPTION AND LOCATIONS	ELIGIBILITY
Community Services Boards (CSBs)	Public Behavioral Health Centers, 40 agencies statewide that offer mental health, substance abuse, and developmental disability services.	Must be a Virginia resident, open to all Veterans, Service Members, and Families.
Virginia Veteran and Family Support	Program of the Virginia Dept. of Veterans Services. Staff locations statewide that offer peer and family support, needs assessment, and linkage to needed behavioral health, rehabilitative, and supportive services.	Must be a Virginia resident, open to Veterans, Service Members (not in Active Federal Service), and Families.
Veterans Affairs Medical Centers (VAMCs)	U.S. Dept. of Veterans Affairs Medical Centers (VAMCs) are full service hospitals which also have behavioral health services. VAMCS are located in Roanoke, Richmond, and Hampton Virginia.	Veterans – specific eligibility and priority based on military discharge status, active duty service time, service era and other details. Not all veterans will be eligible, please confirm individual cases.
Veterans Affairs Community Based Outreach Clinics (CBOCs)	U.S. Dept. of Veterans Affairs CBOCs are smaller treatment clinics with select outpatient medical, behavioral health, and supportive services (individual agency services may vary). CBOCs are located in Fredericksburg, Charlottesville, Emporia, Albemarle, Chesapeake, Virginia Beach, Danville, Lynchburg, Staunton, Tazewell, and Wytheville Virginia.	Veterans – specific eligibility and priority based on military discharge status, active duty service time, service era and other details. Not all veterans will be eligible, please confirm individual cases.
Veterans Affairs Vet Centers	U.S. Dept. of Veterans Affairs Vet Centers are outpatient behavioral health centers that offer treatment and counseling services for military-related issues. Vet Centers are located in Alexandria, Richmond, Roanoke, Norfolk, and Virginia Beach Virginia.	Veterans and impacted family members - Veteran must have served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, etc.).

For more information please visit websites for

DBHDS <http://www.dbhds.virginia.gov/individuals-and-families/mental-health-services/behavioral-healthcare-for-veterans> or
DVS Virginia Veteran and Family Support (1-877-285-1299): <https://www.dvs.virginia.gov/virginia-veteran-and-family-support/>



Virginia Department of
Behavioral Health &
Developmental Services

